Comparison of Provisions Affecting Pharmacists in Johnson-Bilirakis bill and Graham- Miller Bill

Provision	Johnson-Bilirakis Bill	Graham-Miller
Access to pharmacies	All Medicare prescription drug plans must provide beneficiaries convenient access to a "bricks and mortar" pharmacy in their networks. "Convenient access" is defined and certified by Medicare, not the prescription drug plan.	Services must be offered 24 hours a day, 7 days a week for emergencies. Access to pharmacies determined by Secretary, who shall "take into account" "reasonable differences" to pharmacy services in rural and urban areas.
Any willing pharmacist.	Networks can be open to any pharmacy, provision not specified.	Unclear. Says it requires health plan to contract with any pharmacy willing to participate, but explicitly permits preferred networks of pharmacies (which by definition exclude some pharmacies).
Required Pharmacy Point of Service to permit access to any and all pharmacies	Required.	No provision.
Reimbursement	Must include payment of dispensing fee, as defined by the plan.	Must include payment of a "reasonable" dispensing fee, defined by the plan.

Provision	Johnson-Bilirakis Bill	Graham-Miller
Electronic prescribing	Requires implementation of electronic prescribing programs to reduce errors related to dispensing medications. Pharmacists included in advisory task force to recommend standards on computer software and implementation issues	Identical provision
Mail Order Only Pharmacy	Precluded, not allowed.	Does not specifically preclude the use of mail order only pharmacy.
Drugs in Therapeutic Class	Requires at least two drugs per therapeutic class.	Maximum of 2 brand name drugs may be covered per therapeutic class. This provision excludes thousands of drugs and thereby deters patients from going filling their prescriptions at pharmacies.
Medical Records	No provision	Requires pharmacies to keep medical records on all drugs dispensed to enrolled beneficiaries, to submit information to HHS on each drug dispensed and to be subject to government audit.
Pharmacy and therapeutics Committee	Majority of pharmacy and therapeutics committee must be comprised of practicing pharmacists and physicians.	Only requires formularies to be developed by a P&T committee. Doesn't delineate membership of P&T committee.
Medication Therapy Management Programs	Recognizes pharmacists' critical counseling role by requiring prescription drug plans to establish, in cooperation with pharmacists, medication therapy management programs for	No defined program, no requirement to recognize pharmacists services in compensation

	patients with chronic health conditions or multiple prescriptions. Must provide payment of pharmacy fees for providing these services.	
Mandates on Pharmacists	Mandates "development of program in cooperation with licensed pharmacists." Pharmacists are required to inform beneficiaries of the difference in cost between generics and name brand drugs.	Despite any willing pharmacist language, mandates health plans to use methods to reduce health costs, such as preferred pharmacy networks, "alternative methods of distribution" [presumably mail order only and Internet pharmacy], and generic substitution (page 59). Provides incentive to beneficiaries to select lower price drugs (presumably price isn't incentive enough), such as pharmacy incentive programs [undefined] and therapeutic interchange programs. Health plans "shall" encourage pharmacists to disclose to beneficiaries whenever there is a price difference between generics and brand name drugs.
Additional Assistance for low income	More beneficiaries covered, thereby putting more beneficiaries in pharmacists purchasing fully subsidized prescription drugs: • Cost-sharing covered for individuals up to 175% of poverty • Premiums covered for individuals up to 150% of poverty phasing out at 175% of poverty	 Cost-sharing covered up to 135% of poverty Premiums covered up to 135% of poverty, phasing out to 150% of poverty